



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO

BUMEDINST 5353.3
BUMED-342
23 Jul 90

BUMED INSTRUCTION 5353.3

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: USE OF DISULFIRAM (ANTABUSE)

Encl: (1) Sample Antabuse Disclaimer Form

1. Purpose. To establish a uniform set of standards for prescribing and administering Disulfiram (Antabuse).

2. Cancellation. NAVMEDCOMINST 5353.4.

3. Background. Antabuse is a prescription medication that has been an integral part of alcoholism treatment in the Navy for over 20 years. Until recently there has been little central guidance regarding the use of Antabuse for alcohol dependent and alcohol abuse patients. Because of the lack of standardization, there has been considerable confusion and ambivalence over the use of this prescription medication for personnel identified as having problems with alcohol.

4. Policy. Antabuse is a prescription medication that should be given only to patients with a diagnosis of alcohol dependence. It is not a cure for alcohol problems, but rather an adjunctive treatment which may be part of a comprehensive treatment program directed at achieving major lifestyle changes resulting in an ongoing recovery program. Personnel diagnosed as alcohol dependent should not be coerced to take Antabuse.

5. Indications for Use

a. Privileged Medical Department representatives working in clinics or military hospitals or onboard ships will assess patients referred with alcohol problems, make a diagnosis, and determine need for antabuse.

b. Antabuse is not indicated for an individual with a single alcohol abuse incident, no history of alcohol abuse, or who has been referred for Level I Navy Alcohol and Drug Safety Action Program (NADSAP).



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c. Antabuse is not indicated for a patient with a diagnosis of alcohol abuse and recommended for Level II treatment.

d. Antabuse can be prescribed for patients diagnosed as alcohol dependent awaiting Level III treatment. The medication can be taken under command observation.

e. Patients at Level III treatment programs for alcohol rehabilitation can be prescribed Antabuse to assist in their recovery program.

f. Residential patients, who have had Antabuse as a treatment component, generally take it as part of their aftercare program. Careful consideration must be given to the aftercare plan of such patients as aircrew, aviators, and air traffic controllers who are prohibited from returning to regular duties while taking Antabuse.

6. Medical Assessment

a. Initial screening and all prescribing of Antabuse must be by privileged medical personnel.

b. Antabuse is not prescribed when:

- (1) There is known active liver disease.
- (2) There is known hypersensitivity to the drug.
- (3) The patient is taking other potentially hepatotoxic drugs.
- (4) There is known Antabuse-induced neuropathy.
- (5) There is known Antabuse-induced hypertension.
- (6) There is evidence of past or present psychosis.
- (7) The patient is pregnant.

c. Antabuse should never be administered until the patient has abstained from alcohol for at least 12 hours. Patients on Antabuse therapy must have baseline complete blood count (CBC) and liver function tests (LFTs) and repeat LFTs 10-14 days after starting the drug. If LFTs are significantly elevated, Antabuse should be discontinued. Antabuse is not restarted until LFTs return to normal. If restarted on Antabuse, LFTs should be obtained 10-14 days after the repeat trial. If results are abnormal, Antabuse should be permanently discontinued. A patient on long-term Antabuse therapy should have LFTs repeated at least every 6 months.

d. Even with elevated LFTs, there may be patients for whom clinical judgment concludes Antabuse is indicated. In those instances there must be a clear risk/benefit progress note and close monitoring of the case with appropriate ongoing documentation.

e. Level III treatment facilities should include in their standard operating procedures a protocol for both initiating Antabuse therapy and continuing those patients who have begun Antabuse therapy in an outpatient setting. This protocol should include admission CBC and LFTs, repeat LFTs 10-14 days after initiation of Antabuse therapy, and the process for informed consent.

f. The discharge narrative summary should contain a recommendation for the patient to receive monthly medical followup while on this medication. Additionally, the patient should have a complete blood count and hepatic panel 2-4 weeks post discharge, and minimally every 6 months thereafter while on Antabuse.

7. Informed Consent

a. Both for developing patient alliance and legal reasons, informed consent should be documented. Enclosure (1) is a suggested informed consent form for the medical record.

b. In an outpatient setting the patient's record should contain a note indicating informed consent. Enclosure (1) may be placed in the outpatient health record in place of a note.

c. All patients should be provided with an Antabuse (Disulfiram) warning alert card stating the patient is receiving Antabuse and describing the symptoms most likely to occur as a result of an Antabuse-alcohol reaction. In addition, this card should indicate a number that can be called in case of an emergency. (Cards may be obtained from Ayerst Laboratories on request.)

8. Refusal of Antabuse. A competent patient has the legal right to refuse medication. As Antabuse is one component of an overall treatment plan, refusal should not result in dismissal from a program. If a patient refuses Antabuse, but demonstrates motivation by active participation in the rest of the program, the patient should be allowed to remain in treatment.

9. Antabuse Administration. Antabuse can be self-administered by the person for whom it is prescribed, or may be administered by authorized medical personnel. Antabuse maintenance programs must be carefully monitored by privileged Medical Department representatives.

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a. Only patients or authorized medical personnel should retain prescription bottles.

b. Under no circumstances should counselors or command personnel who monitor aftercare dispense Antabuse or any other pharmaceutical. If indicated, they may observe the patient's ingestion of Antabuse.

10. Disclaimer. This instruction does not preclude the privileged Medical Department representative's right to exercise clinical judgement in specific cases.

11. Action. Ensure all appropriate personnel are aware of the contents of this instruction.

Stocked:
CO, NAVPUBFORMCEN
5801 Tabor Ave.
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JAMES A. ZIMBLE

ANTABUSE DISCLAIMER FORM

Antabuse is an integral part of the rehabilitation program designed to deter drinking.

The Antabuse Alcohol Reaction: An alcohol / Antabuse reaction may occur when alcohol is taken while even a slight residue is in the body producing a sharp drop in blood pressure and flushed face. The individual feels weak and nauseated, and will sweat and/or have a headache. Breathing may become difficult. There may be pain in the chest. The very knowledge that the person will become sick in even taking one drink is what strengthens the program. Antabuse builds up in the body fluids and will remain in the system up to 14 days. If these unpleasant effects are experienced, the patient should notify a physician and lie down to minimize the lowered blood pressure effects. The reaction may last anywhere from 30 minutes to an hour or more, ending with drowsiness and a deep sleep. It is stressed that *medical attention should be sought*.

Possible Side Effects: Antabuse by itself is generally free from side effects except when alcohol is used. The most common side effects include: 1) a metallic aftertaste during early weeks of treatment; or on occasion, 2) mild skin eruptions or drowsiness. If these or other suspected side effects are noted, the patient should contact a medical officer immediately.

Antabuse has been implicated as a cause of severe birth defects and should not be taken by any woman in whom pregnancy is suspected. There is no evidence that Antabuse taken by males will effect the unborn child. While on Antabuse therapy, female patients must take particular care to avoid pregnancy. Contraceptive counseling is available for all patients who desire such information. Pregnancy testing may not be accurate for the first six weeks of pregnancy.

Remember: Alcohol in any form must be avoided. These include cough mixtures or tonics containing alcohol. Persons responsible for preparing meals should guard against dishes made with alcohol such as: 1) sauces, 2) wine vinegar, and 3) any flavorings containing alcohol. Aftershave lotions, perfumes and body rubs may be absorbed through the skin. Shellacking, woodworking or painting within a closed, airless room also can be a threat. Finally it must be understood that Antabuse is only one part of the well integrated alcohol program. It alone cannot cure or treat alcoholism.

PATIENT ACKNOWLEDGEMENT

I have read and understand this form regarding possible side effects/adverse reactions of consuming alcohol or use of preparations containing alcohol while taking ANTABUSE (DISULFIRAM).

Patient Signature _____

Date _____

Staff Signature _____

Date _____

Patient Name _____

Patient Number _____

Enclosure (1)